

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2011 AUG -8 AM 9:36

FEC MAIL CENTER

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Crop Insurance and Reinsurance Bureau (CIRB)
L PAC

ADDRESS (number and street)

201 Massachusetts Ave. NE



(Check if address
is changed)

Suite C-5

Washington

DC

20002-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

mtorrey@torreydc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

07 / 27 / 2011

3. FEC IDENTIFICATION NUMBER

C00150805

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael K. Torrey

Signature of Treasurer

Michael K. Torrey

Date

07 / 28 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
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